

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	
The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.		

**Secrecy Order 37 CFR 5.2**

<input type="checkbox"/>	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.
--------------------------	--

**Applicant Information:**

Applicant 1				
Applicant Authority		<input checked="" type="checkbox"/> Inventor	<input type="checkbox"/> Legal Representative under 35 U.S.C. 117	<input type="checkbox"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Robert	Hugh	DON	
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Bardon	State/Province		Country of Residence AU
Citizenship under 37 CFR 1.41(b)		AU		
Mailing Address of Applicant:				
Address 1		17 Bee Street		
Address 2				
City	Bardon	State/Province	QLD	
Postal Code	4065	Country	AU	

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

<b>Applicant 2</b>					
Applicant Authority		<input checked="" type="checkbox"/> Inventor	<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Vito		FERRO		
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Mt. Ommaney	State/Province		Country of Residence	AU
Citizenship under 37 CFR 1.41(b)			AU		
Mailing Address of Applicant:					
Address 1		8 Rani Close			
Address 2					
City	Mt. Ommaney	State/Province	QLD		
Postal Code	4074	Country	AU		

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

Applicant 3						
Applicant Authority		<input checked="" type="checkbox"/> Inventor	<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name		Family Name	Suffix
	Nathan				BYTHEWAY	
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service						
City	Nathan		State/Province		Country of Residence	AU
Citizenship under 37 CFR 1.41(b)			AU			
Mailing Address of Applicant:						
Address 1		20 Edgehill Street				
Address 2						
City	Nathan			State/Province	QLD	
Postal Code		4111		Country	AU	

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

<b>Applicant 4</b>						
Applicant Authority		<input checked="" type="checkbox"/> Inventor	<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name		Family Name	Suffix
	Siska				COCHRAN	
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service						
City	Barellan Point		State/Province		Country of Residence	AU
Citizenship under 37 CFR 1.41(b)			AU			
Mailing Address of Applicant:						
Address 1		72 Leichhardt Crescent				
Address 2						
City	Barellan Point			State/Province	QLD	
Postal Code	4306			Country	AU	

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

Applicant 5					
Applicant Authority		<input checked="" type="checkbox"/> Inventor	<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Jon	Krueger	FAIRWEATHER		
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Holland Park West	State/Province		Country of Residence	AU
Citizenship under 37 CFR 1.41(b)		AU			
Mailing Address of Applicant:					
Address 1		31 Boronia Avenue			
Address 2					
City	Holland Park West	State/Province	QLD		
Postal Code	4121	Country	AU		

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

<b>Applicant 6</b>						
Applicant Authority		<input checked="" type="checkbox"/> Inventor	<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name		Family Name	Suffix
	Edward		Timothy		HAMMOND	
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service						
City	Taringa		State/Province		Country of Residence	AU
Citizenship under 37 CFR 1.41(b)				AU		
Mailing Address of Applicant:						
Address 1		154 Stanley Terrace				
Address 2						
City	Taringa			State/Province	QLD	
Postal Code		4068		Country	AU	

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

<b>Applicant 7</b>						
Applicant Authority		<input checked="" type="checkbox"/> Inventor	<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name		Family Name	Suffix	
	Tomislav			KAROLI		
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service						
City	Middle Park	State/Province		Country of Residence	AU	
Citizenship under 37 CFR 1.41(b)			AU			
Mailing Address of Applicant:						
Address 1		14 Kosciusko Street				
Address 2						
City	Middle Park	State/Province		QLD		
Postal Code	4074	Country		AU		

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

Applicant 8						
Applicant Authority		<input checked="" type="checkbox"/> Inventor	<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name		Family Name	Suffix
	Cai		Ping		LI	
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service						
City	West Lake		State/Province		Country of Residence	AU
Citizenship under 37 CFR 1.41(b)			AU			
Mailing Address of Applicant:						
Address 1		89 Seabrook Circuit				
Address 2						
City	Bardon			State/Province	QLD	
Postal Code		4074		Country	AU	



<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

<b>Applicant 9</b>					
Applicant Authority		<input checked="" type="checkbox"/> Inventor	<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Ligong		LIU		
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Sunnybank	State/Province		Country of Residence	AU
Citizenship under 37 CFR 1.41(b)		AU			
Mailing Address of Applicant:					
Address 1		28 Samara Street			
Address 2					
City	Sunnybank	State/Province	QLD		
Postal Code	4109	Country	AU		

#### Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a)	
<input type="checkbox"/> An Address is being provided for the correspondence information of this application.	
Customer Number	26181
Email Address	dillahunty@fr.com

#### Application Information:

Title of the Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS		
Attorney Docket Number	21170-002US1	Small Entity Status Claimed <input checked="" type="checkbox"/>	
Application Type	Submission Under 35 U.S.C. 371		
Subject Matter			
Suggested Class (if any)		Sub Class (if any)	

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

<b>Publication Information:</b>
<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/> Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

**Representative Information:**

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.			
Please Select One:	<input checked="" type="checkbox"/> Customer Number	<input type="checkbox"/> U.S. Patent Practitioner	<input type="checkbox"/> U.S. Representative (37 CFR 11.9)
Customer Number	26181		

**Domestic Priority Information:**

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or 37 CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status	Published		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)

**Foreign Priority Information:**

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).			
Prior Application Status			
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
This application	U.S. National Phase	PCT/AU2004/001800	2004 December 21
PCT/AU2004/001800	claims benefit of	AU 2003907107	2003 December 23

<b>Application Data Sheet 37 CFR 1.76</b>	Attorney Docket Number	21170-002US1
	Application Number	Unassigned
Title of Invention	GLYCOSAMINOGLYCAN (GAG) MIMETICS	

**Assignee Information:**

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here ☒

**Assignee: Progen Industries Limited**

Prefix	Given Name	Middle Name	Family Name	Suffix

**Mailing Address Information:**

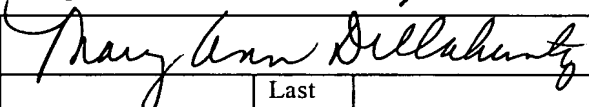
**Address 1 2806 Ipswich Road**

Address 2

City	<b>Darra</b>	State/Province/Country	<b>QLD/AU</b>
Phone Number		Postal Code	<b>4076</b>
Email Address		Fax Number	

**Signature:**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	<b>2006-06-21</b>	
First Name	Mary Ann	Last Name	Dillahunty	Registration Number	34,576